

<b>Case Number:</b>	CM15-0058003		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/15/1983
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male, who sustained an industrial injury on 05/15/1983. The initial complaints or symptoms included neck and low back injuries from cumulative trauma. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies (including acupuncture), x-rays, MRIs, right foot surgery, lumbar fusion (10/20/2013), and lumbar laminectomy and tumor resection (04/05/2013). Currently, the injured worker complains of increased left sided neck pain that is dramatically increased with turning of the head and looking upwards, and low back pain with occasional radiation into the right lower extremity. The injured worker reported that the pain had dramatically improved since surgery. The diagnoses include cervical spondylosis without myelopathy, cervical radiculopathy, lumbar spondylosis without myelopathy, and lumbar radiculopathy. The treatment plan consisted of 18 sessions of acupuncture, 18 sessions of cognitive bio-behavioral therapy, 1 cervical facet block at C4-C6 on the left, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**18 sessions of acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CPT Procedure Code Index.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents on 02/26/15 with neck and lower back pain rated 5/10 on average, 10/10 at worst. The lower back pain is noted to radiate into the right lower extremity. The patient's date of injury is 05/15/83. Patient is status post lumbar fusion at unspecified levels on 10/20/13, and lumbar laminectomy L4-L5 with nerve root tumor resection, autograft/allograft placement, and instrumentation placement on 04/05/13. The request is for 18 Sessions of Acupuncture. The RFA was not provided. Physical examination dated 02/26/15 reveals tenderness to palpation of the cervical and lumbar paraspinal musculature, reduced range of cervical motion, and pain elicitation upon extension of the cervical spine. The patient is currently prescribed Prilosec and Cyclobenzaprine. Diagnostic imaging included MRI of the cervical spine dated 10/31/12, significant findings include: "C4-5: there is mild disc desiccation... C5-6: there is mild to moderate disc desiccation and disc space narrowing. There is a combination of posterior spur and 2mm broad based protrusion slightly indenting the anterior cord." Patient is currently classified as disabled. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the request for 18 sessions of acupuncture for this patient's chronic pain, the requesting provider has exceeded guideline recommendations and has not documented prior efficacy. MTUS guidelines specify 3 to 6 treatments initially, with additional acupuncture contingent on improvements; in this case the treater requests 18 sessions. Such an excessive number of sessions without prior documented efficacy cannot be substantiated. Therefore, the request is not medically necessary.

**18 sessions of bio-behavioral therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23-25. Decision based on Non-MTUS Citation Official disability guidelines Mental/ stress chapter, Cognitive Behavioral Therapy (CBT).

**Decision rationale:** The patient presents on 02/26/15 with neck and lower back pain rated 5/10 on average, 10/10 at worst. The lower back pain is noted to radiate into the right lower extremity. The patient's date of injury is 05/15/83. Patient is status post lumbar fusion at unspecified levels on 10/20/13, and lumbar laminectomy L4-L5 with nerve root tumor resection, autograft/allograft placement, and instrumentation placement on 04/05/13. The request is for 18 Sessions of Bio-

Behavioral Therapy. The RFA was not provided. Physical examination dated 02/26/15 reveals tenderness to palpation of the cervical and lumbar paraspinal musculature, reduced range of cervical motion, and pain elicitation upon extension of the cervical spine. The patient is currently prescribed Prilosec and Cyclobenzaprine. Diagnostic imaging included MRI of the cervical spine dated 10/31/12, significant findings include: "C4-5: there is mild disc desiccation... C5-6: there is mild to moderate disc desiccation and disc space narrowing. There is a combination of posterior spur and 2mm broad based protrusion slightly indenting the anterior cord." Patient is currently classified as disabled. MTUS Chronic Pain Medical Treatment Guidelines page 23-25 has the following under Behavioral Intervention: "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." In regard to the request for 18 sessions of bio-behavioral therapy, the requesting provider has exceeded guideline recommendations. This patient presents with significant, chronic, multi-system pain unresolved by surgical intervention, conservative measures, and medications and could see benefits from such psychological therapies. However, MTUS guidelines recommend a trial of 3-4 visits over two weeks, with additional sessions contingent upon objective improvement. There is no evidence that this patient has undergone any psychotherapy to date, however the requested 18 sessions exceeds guideline recommendations and cannot be substantiated. Therefore, the request is not medically necessary.

**One cervical facet block C4-5, C5-6 on the left, under fluoroscopy and monitored anesthesia:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation ODG, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

**Decision rationale:** The patient presents on 02/26/15 with neck and lower back pain rated 5/10 on average, 10/10 at worst. The lower back pain is noted to radiate into the right lower extremity. The patient's date of injury is 05/15/83. Patient is status post lumbar fusion at unspecified levels on 10/20/13, and lumbar laminectomy L4-L5 with nerve root tumor resection, autograft/allograft placement, and instrumentation placement on 04/05/13. The request is for One Cervical Facet Block C4-5, C5-6 on the Left under Fluoroscopy and Monitored Anesthesia. The RFA was not provided. Physical examination dated 02/26/15 reveals tenderness to palpation of the cervical and lumbar paraspinal musculature, reduced range of cervical motion, and pain elicitation upon

extension of the cervical spine. The patient is currently prescribed Prilosec and Cyclobenzaprine. Diagnostic imaging included MRI of the cervical spine dated 10/31/12, significant findings include: "C4-5: there is mild disc desiccation... C5-6: there is mild to moderate disc desiccation and disc space narrowing. There is a combination of posterior spur and 2mm broad based protrusion slightly indenting the anterior cord." Patient is currently classified as disabled. MTUS/ACOEM Neck Complaints, Chapter 8, page 174-175, under Initial Care states: for Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: Recommended prior to facet neurotomy a procedure that is considered "under study". Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block - MBB. Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment -including home exercise, PT and NSAIDs prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session. For facet joint pain signs and symptoms, the ODG guidelines Neck and Upper Back Chapter, under Facet Joint Diagnostic Blocks states that physical examination findings are generally described as: "1. axial pain, either with no radiation or severity past the shoulders; 2. tenderness to palpation in the paravertebral areas, over the facet region; 3. decreased range of motion, particularly with extension and rotation; and 4. absence of radicular and/or neurologic findings." In regard to what appears to be a diagnostic left cervical facet block injection at C4/C5, C5/C6, the request appears reasonable. Documentation provided does not indicate that this patient has prior facet joint injections. There is no evidence that this patient is anticipating surgical intervention at the requested levels. Progress report dated 02/26/15 reveals that the patient has undergone NSAID and opiate medication therapy with no relief. This patient does not have radicular symptoms, and it appears that the pain is consolidated to the neck region. Progress note dated 02/26/15 also documents pain elicitation and reduced range of motion on extension of the cervical spine, and upon rotation to the left. The documentation provided indicates an appropriate number of levels to be injected, a lack of radicular pain, the failure of conservative measures, decreased range of motion on extension and rotation, and a lack of radicular/neurological findings to the upper extremities. The requested diagnostic facet block at C4/5 and C5/6 meets guideline criteria. Therefore, the request is medically necessary.